



Attorney Docket No.: 1213-01

In re Application of Lisa A.G. Tweardy et al.

Serial No.: 10/001,451

Filed: October 23, 2001

For: CERVICAL BRACE

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COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

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**JUL 14 2003**

TECHNOLOGY CENTER R3700

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- ☐ No additional fee is required.
- ☒ Claim of Extension of Time

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	27	-	** 25 =	2
INDEP.	9	-	*** 7 =	2
First presentation of multiple dependent claim				

	ADD'L FEE
RATE	
x 9=	\$18
x42=	\$84
+140=	\$

OR

	ADD'L FEE
RATE	
x18=	\$
x84=	\$
+280=	\$

TOTAL ADDITIONAL FEE    \$102.00    OR    \$\_\_\_\_\_

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 13-3405 in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$102.00 is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-3405. A duplicate copy of this sheet is enclosed.

☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,  
For SCHNADER HARRISON SEGAL & LEWIS LLP

July 8, 2003  
Date

JTK:dh

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AF/3764  
#

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3764  
Examiner : Fenn C. Mathew  
Serial No. : 10/001,451  
Filed : October 23, 2001  
Inventors : Lisa A.G. Tweardy  
: Will Pickering  
: Clay Burns  
Title : CERVICAL BRACE



22469

PATENT TRADEMARK OFFICE

Docket: 1213-01  
Confirmation No.: 2404  
Dated: July 8, 2003

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Certificate of Mailing Under 37 CFR 1.8

For

Postcard  
\$55.00 Check  
\$102.00 Check

Claim for Extension of Time for Response, in duplicate  
Amendment Transmittal Letter, in duplicate  
Response  
Exhibits A and B

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I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney  
or Registered Representative:

Schnader Harrison Segal & Lewis  
Customer No. 022469

By:

*Joan J. Kueyr*

Date:

*July 8, 2003*